

## DIRECT DEPOSIT ELECTION FORM

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### SECTION I: Applicant Information

Applicant Name \_\_\_\_\_

Advertised Position # \_\_\_\_\_ Advertised Position Title \_\_\_\_\_

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### SECTION II: Mandatory Direct Deposit Statement

In accordance with Act 1887 of 2005, as a condition of employment, a person hired or appointed to a position in any agency in State government on or after August 12, 2005 shall be required to accept payment of salary or wages by electronic warrants transfer (ACH). The ACH payment shall be in the form of a direct deposit.

The Chief Fiscal Officer of the State has the authority to grant exemptions to the direct deposit requirement due to hardship or any other reasonable basis.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the law and enroll and remain enrolled in direct deposit or request an exemption from these requirements.

I elect direct deposit \_\_\_\_\_ I do not elect direct deposit and request an exemption \_\_\_\_\_

If exemption from direct deposit is requested, complete Section III of this form. I understand that I can go no further in the hiring process until the request for exemption is reviewed.

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### SECTION III: This section to be completed by the Applicant (Please print or type)

I hereby request an exemption from the requirements of mandatory participation in direct deposit for the following

reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### SECTION IV: This section to be completed by Agency HR Department

Agency Name \_\_\_\_\_ Agency Number \_\_\_\_\_

Hiring Official \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

(Name and Title of Agency HR staff reviewing request)

Agency HR Contact: Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date Submitted to the Chief Fiscal Officer of the State \_\_\_\_\_

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### SECTION V: This section to be completed by Chief Fiscal Officer of the State

Date Received \_\_\_\_\_ Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Chief Fiscal Officer of the State)

Date Submitted to Agency \_\_\_\_\_

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### SECTION VI: This section to be completed by Agency HR Department

Date Hiring Official Notified of Decision \_\_\_\_\_ By Whom \_\_\_\_\_